



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

June 1, 2007

Shelly Jones, Administrator
Whispering Pines Assisted Living
4875 Burley Drive
Chubbuck, ID 83202

License #: RC-803

Dear Ms. Jones:

On May 9, 2007, a life safety code survey was conducted at Whispering Pines Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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May 18, 2007

Shelly Jones, Administrator
Whispering Pines Assisted Living
4875 Burley Drive
Chubbuck, ID 83202

Dear Ms. Jones:

On May 9, 2007, a life safety code survey was conducted at Whispering Pines Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 8, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R803	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2007
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4875 BURLEY DRIVE CHUBBUCK, ID 83202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on May 9, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

UD7Z21

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Whispering Pines Assisted Living	Physical Address 4875 Burley Drive	Phone Number 234-1200
Administrator Shelly Jones	City Chubbuck	ZIP Code 83202
Survey Team Leader Eric Muddell	Survey Type Fire / Life Safety	Survey Date May 9, 2007

NON-CORE ISSUES

[illegible]

Signature of Facility Representative

Date Signed _____

June 8, 2007

X Laura K McCoy

May 9 2007